UCSF JOURNAL

CAMPUS MAIL

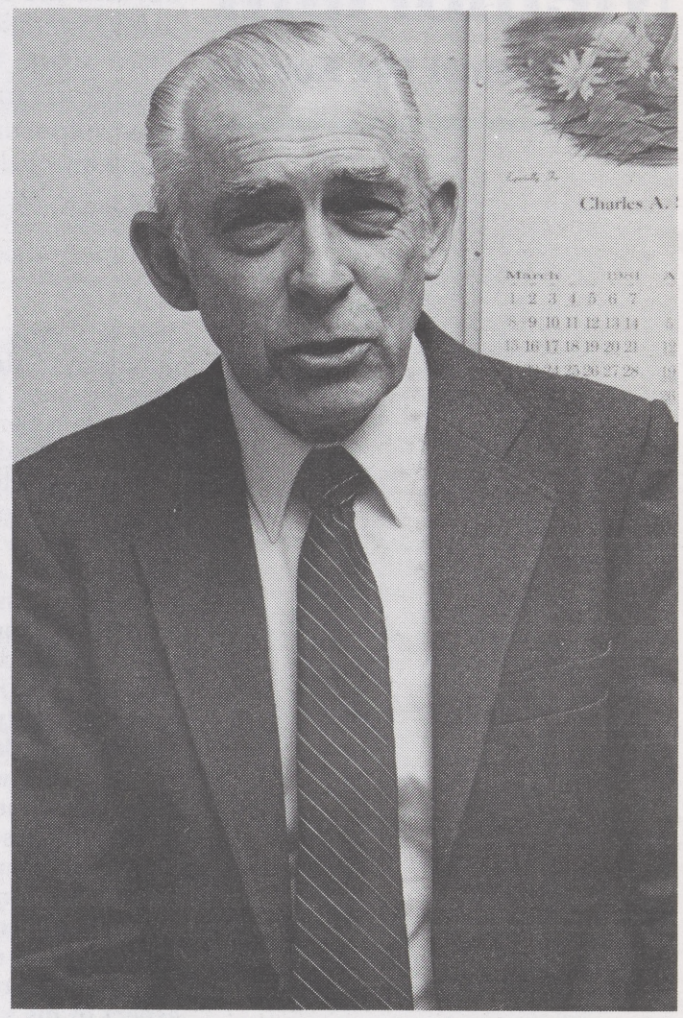
University of California, San Francisco
San Francisco, California 94143

Address Correction Requested

May 1982
Volume 6 Number 2

Veteran Staffers Retire

Frances Larragueta with Chancellor-designate Julius R. Krevans, MD.



Charles Salyer is like gold in the department.

UCSF is losing four of its stalwarts — Frances Larragueta, Charles Salyer, La Verne Lopes and Stanley Bateman — to retirement.

All have been here a good many years. Each is leaving a position of high-level responsibility — Larragueta as assistant dean of the School of Medicine, Salyer as superintendent in Physical Plant, Lopes as chief of the campus police, and Bateman as UCSF's contracts and grants officer.

The Journal *is marking these retirements in a new and different way: by interviewing not the retirees themselves but their immediate supervisors. Here are the bon voyage appraisals by their chiefs — respectively, Dean Julius Krevans, MD, of the School of Medicine; Nat Garibaldi, manager, Physical Plant; Vice Chancellor Erick Erickson, Business and Fiscal Services; and Chancellor Francis A. Sooy, MD.*

When Julius Krevans was leaving Johns Hopkins to become dean of the UCSF School of Medicine, colleagues told him that he would doubtless find "some woman out there who's been running the office for years and will want to keep on running it," and "the first thing you've got to do is get rid of her. . . ."

Remembering the occasion, Krevans smiled. When he got there, he said, "It took me 10 minutes to figure out who had been running the office, and another 10 minutes to recognize that my Hopkins friends had given me the worst possible advice."

He spoke of Frances Larragueta, assistant dean of the medical school, now retiring in June after nearly 35 years at UCSF. "I not only respect her," Krevans said, "I adore her. . . ."

She has been "in every sense a co-dean" during the 10 years they have worked together, he says. "She and I worry about the whole institution, not just one facet of it. With her interests, talents, experience and knowledge base, she knows every nook and cranny of the medical school. She has trained four deans [Saunders, Reinhardt, Cullen and Krevans himself] . . . she is serious without being grim, forthright and firm without being abrasive or dictatorial; she knows as much about the newest file clerk in the office as about a department chairman we may be trying to recruit. . . . She has enormous understanding of the critical role nonacademic people play in the success of an institution like this."

One of her greatest contributions, he feels, has been serving as the person to whom medical school personnel can turn for understanding and counsel.

"The overwhelming majority of the staff understands there is someone in this office who knows how important each one of them is, and who will make sure each role is protected," he says. "She has established real working relationships with the administrative people in the departments."

At high-level meetings, he added, her opinions are not only sought but given equal weight with those of the professors and department chairmen.

He has followed her advice on many occasions. And, he said, "It's not at all unusual for major academic leaders in the school to come to her for advice, when they feel they can get better advice from her than from me. . . ."

Charles Salyer is "the kind of person I consider to be like gold in the department," said Nat Garibaldi, manager of Physical Plant.

"It's people like that who make a manager's life easy . . . the kind of solid person that all departments build upon."

Salyer, Physical Plant superintendent, is closing out a 35-year career at UCSF with his retirement in June.

He started here June 2, 1947, as a journeyman carpenter, when the job paid $1.75 an hour; became a foreman carpenter in July 1952 and superintendent in July 1959, and won the Chancellor's Award for University Service in 1978.

The award was well merited, Garibaldi said. "As a

(Continued on page 4)

In Memoriam

Dr. Samuel Lee Kountz

Transplant surgeons see themselves (and are regarded by others) as "pioneers," "trail-blazers," whose explorations carry them beyond the reassuring boundaries of established medical knowledge and technique. Their work, they are convinced, "mark(s) the evolution from dream to experiment and from experiment to bold human adventure" (Harken and Zoll, 1946, p. 1).

— *Courage to Fail,* Renee C. Fox and Judith P. Swazey, 1974.

This is a story about Samuel Lee Kountz, MD, grandson of slaves, son of an Arkansas Baptist preacher, and former chief of the UCSF Kidney Transplant Service.

Dr. Kountz died December 23, 1981, after a four-year illness which left him brain-damaged. The undiagnosed disease was contracted during a 1977 South African lecture tour.

Some of his colleagues and friends have shared their memories of him with the *UCSF Journal,* noting his enormous contributions to UCSF, and to the entire field of kidney transplantation.

In 1961 Dr. Kountz assisted Dr. Roy Cohn at Stanford University in performing the first successful kidney transplant in California. Kountz interned at Stanford and was chief resident in the surgery department there for five years. Throughout his career, he was to perform some 500 kidney transplants and blaze a trail in the research areas of organ rejection and tissue-typing.

His work brought him international acclaim. According to an editorial in the *Pine Bluff Commercial* (Arkansas), January 5, 1982: "The most impressive aspect of his kidney transplants was the survival rate, which was phenomenal in medical annals. Impressive, too, was his success in awakening the public to the need for organ donations. After he performed a kidney transplant on live television — for NBC's 'Today' show — some 20,000 people offered to donate kidneys."

Kountz received a number of awards. He was a fellow of the American College of Surgeons and a member of the Society of University Surgeons. In 1969 he was named "Man of the Year" by the Kidney Foundation of Northern California. He lectured all over the world. And he was chief of the Kidney Transplant Service and associate professor of surgery at UCSF from 1967 to 1974. He left to become chief of surgery at the State University of New York Downstate Medical Center.

Dr. Kountz once said: "Kidney transplants are no longer purely a research procedure, but a real therapeutic accomplishment, thanks to the extent of knowledge gained about basic immunological mechanisms, tissue-typing and the rejection process."

When asked at Harvard why he chose to become a surgeon, he said, "I told them that the first job I had was picking cotton, and I decided there must be more interesting things to do. But I didn't know the technology was going to improve."

Those two statements give some inkling as to why Dr. Kountz, the daring, optimistic surgeon, as well as Sam Kountz, the humorous and ingratiating man, was so well loved by colleagues, patients and friends.

Another reason that he was so much loved was his "American success story" biography. Born in Lexa, Arkansas, in 1930, Kountz received his early education in a one-room schoolhouse. During the '40s, he traveled to Pine Bluff, Arkansas, to attend Arkansas Agricultural, Mining and Normal College, now the University of Arkansas at Pine Bluff. He didn't meet the academic requirements for admission and was forced to take remedial courses. After admission, he became freshman class president, and was graduated third in his class of 173. As a black man, however, he endured the prevailing racial attitudes of his day, which were most obviously demonstrated when he was doused by a bucket of water as he passed a dormitory on campus, and when his luggage was not delivered to him until December of his freshman year.

It was during his senior year at Arkansas AM&N that he met Senator J. William Fulbright and told him of his ambition to become a surgeon. Fulbright, who had been president of the University of Arkansas, urged the young Kountz to apply to medical school there. Kountz applied, but was rejected. Before reapplying, he obtained a master's degree in biochemistry. He then became the first black person to be admitted to the Arkansas medical school. In later years, he attributed his success to the two years of study for that interim degree, as well as to the university's medical school. In 1965, while Fulbright Professor of Surgery in the United Arab Republic, he performed the first kidney transplant in the Middle East.

"Sam was concerned about using kidneys from genetically unrelated donors — the people who responded to pleas for a kidney. Relatives and cadaver kidneys had been used," says Dr. Harrison Sadler, associate dean of the School of Medicine and clinical professor of psychiatry, who was a close friend of Kountz's. "Public opinion about a person having a vital organ removed from his body to give to a total stranger was: 'He must be crazy!'" Sadler recalled. "But Sam said, 'I don't think so. That's a great act of altruism.'"

Twenty-two donors were studied for six months before they were allowed to donate a kidney. They were followed for 10 years after that. "None were crazy," said psychiatrist Sadler. "This enhanced their lives. This was the first time such a study was done."

The innovative procedure did, however, generate tough ethical questions. Sadler said Dr. Kountz's response to the ethical problems was to establish the UCSF Center for Human Values. This group of ministers, theologians, residents and physicians from various disciplines met for 90 minutes every Friday morning for many years to explore the moral and ethical dilemmas posed by transplantation.

Kountz believed that organ transplantation was a means of prolonging life, as he often said, "so that a person can be kept alive at 20 to die of something else at 65." But in one grand rounds session, for which Kountz returned to UCSF, it was conceded that the medical profession didn't have what his former patient needed. The patient's concept of a life worth living was far different from one in which the probable experience of organ rejection and retransplantation is very real. Expecting to return to full normal functioning, the patient was unprepared for the five transplants he endured, and subsequently lost the will to live.

"If he had understood this, he wouldn't have allowed himself to be transplanted," said Professor of Ethics Albert R. Jonsen. The case is preserved on a videotape entitled "The Biomedical Frontier: Chronic Illness, Elegant Technology, Coercion of Freedom."

"Sam shared the personal anguish he had working with the patients," said Sadler. "He believed that a 'good' patient, one who had a high success rate, really wanted to live. He thought this motivation was related to characteristics in a person's background." Kountz backed up his hunch with a study of 10 who lived and 10 who died. Matching physiological variables, he found that his "background and motivation" hunch was correct. "He said, 'If patients need extra attention to make them good patients, we should build it into their care.'" This meant improved nursing service, more social workers and the Kidney Transplant Club that he organized as part of the Kidney Foundation of Northern California. For Kountz, it meant intense personalized patient care.

"Dr. Kountz was very people-oriented," said his former secretary, Diana Farley, now administrative assistant in the Physical Therapy Curriculum. "His

bedside manner led the patients to take their relationship beyond the patient-doctor relationship."

Farley recalled a time when Dr. Kountz settled a dilemma for a patient who wanted to buy a washing machine for his mother, but whose wife had other plans for the money. The mother received the machine, with the wife's approval — because of Dr. Kountz's persuasion.

"His patients always wanted to see him, whether he was attending or not. He got along with everyone and was very easy to work for. We kept a gurney in his office, because he often spent the night to personally monitor very ill patients," said Farley.

Dr. Oscar Salvatierra, current chief of the Kidney Transplant Service, was a personal friend of Kountz's and worked with him for six months before he went to New York.

"The time that I worked with him was very worthwhile and will always be remembered," said Salvatierra. "He was a charismatic man who had a way about him. You listened to him. He was very energetic. He came in very early in the morning and saw all of his patients before anybody else saw theirs. He could never say 'No' to his patients, but always tried to do everything he could for them. Always. He didn't ask anyone to do anything he wouldn't do."

Salvatierra remembers the last time he saw Dr. Kountz before he became ill. "We had presented a paper together in the South in 1977 on our center performing 1,000 transplants. He had already gone to New York, but he and Dr. Belzer [Folkert O. Belzer, who became co-director of the KTS with Kountz before Salvatierra was appointed chief] and I took a plane back to California together.

"What he did to help get transplantation off the ground will always be remembered. He was one of the pioneers. He contributed much for the short time period that he devoted to academic life," Salvatierra said.

The story about Samuel Lee Kountz, MD, wouldn't be complete without a word from a former patient. There were many patients, and all of them special to him, for he once said, "Every surgeon has to fall in love with his patient to effect a cure. In this service we marry 'em." But Archie Graham must have been *especially* special.

Graham was 11 years old in 1968 when Kountz put a new kidney in his body, one that lasted for eight years. Graham, now applying to medical schools to pursue a career as a transplant surgeon, remembered Dr. Kountz this way:

"I was like another son to him. [Kountz and his wife had two sons and a daughter.] He inspired me a lot. I had always wanted to be a doctor, because I had been sick, but I wanted to be a pediatrician. My experience with him changed that. Now I plan to become a transplant surgeon."

Presently a premed student at UC-Davis, Graham said he found it "astounding" and "phenomenal" that Kountz knew so much about him, as well as his other patients. "He knew our names," said Graham. "I was his 117th transplant. He didn't need to look at my chart. He seemed to know my chemistries by heart. I had been sick since I was four, with a chart as big as Webster's Dictionary."

Graham said that Kountz was so friendly that he could hardly wait for him to make his hospital rounds. "Every time I saw him, he was happy," Graham recalled. "He cared very much for his patients. As a black man, he was a very strong role model for me. After he left, we exchanged letters. I found out that he was sick after he didn't answer a couple of my letters. I was hurt when I learned that he was ill, and when he died."

"Dr. Kountz was always very busy," said his former secretary. "He was into Little League with his boys, and was, when he wasn't here, quite a family man. I remember that he seldom thought of himself, and didn't even keep track of his own birthday." His philosophy toward personal reward, said Farley, could be summed up in what he often told her: "Diana, you'll get your reward in Heaven."

Jini Kilgore Robinson

(Continued from page 1)

UCSF Losing Four Stalwarts

person, Charley is extremely conscientious. He comes from that generation, from a time when being conscientious and knowing your craft were necessities.

"He puts himself out. He has the knack, the sensitivity to recognize that the problems of others are our problems."

Garibaldi says Salyer has a gift for accommodating the needs of the research laboratories, for example.

"A department may wish to alter a lab for a new project, but has limited funds," he explained. "They can depend on Charley to raise the right questions, to identify all their needs, to sketch it out, to make sure there are the right electrical outlets for special equipment, to deal with a multitude of details. He's a combination of architect, engineer, designer."

Garibaldi describes Salyer as a realist who, in his time, "has had to kick a few shins to meet time schedules. He knows the realities of cost. . . . He has a way of saying, 'Hey, look, Doc, we'll get into trouble doing it that way.' Maybe a researcher wants a linoleum top for a work table. Charley will tell him, 'Your acid is going to chew the hell out of that.'"

A number of letters were written on Salyer's behalf when he was being considered for the Chancellor's Award, Garibaldi said. He thought that James J. O'Donnell, assistant professor of ophthalmology, said it well:

"In my personal dealings with Mr. Salyer, he has been articulate, knowledgeable, and honest. In addition, he loves UCSF and is an expert on its history and traditions. Mr. Salyer is a valued member of our University. I recommend him highly."

When La Verne Lopes came to UCSF in 1949, he was one of only three police officers serving the campus, Vice Chancellor Erick Erickson recalls.

Today, as he approaches a July 1 retirement as chief of the department, Lopes heads a force of 20 officers and 10 civilians, providing a 24-hour-a-day coverage with three radio cars, two station wagons and close liaison with the San Francisco city police.

Lopes has been the department's first chief. Under his guidance, Erickson said, the force has changed "from a group of guards and watchmen to a professional police operation, patrolling, investigating camus crime, managing burglar alarms, monitoring TV surveillance systems, providing security shuttle service and first aid. . . . Even the neighbors like it, when they see the cars on patrol around the campus perimeter."

The vice chancellor describes the chief as "a warm person, showing good judgment, receptive to new ideas, a real pleasure to be with.

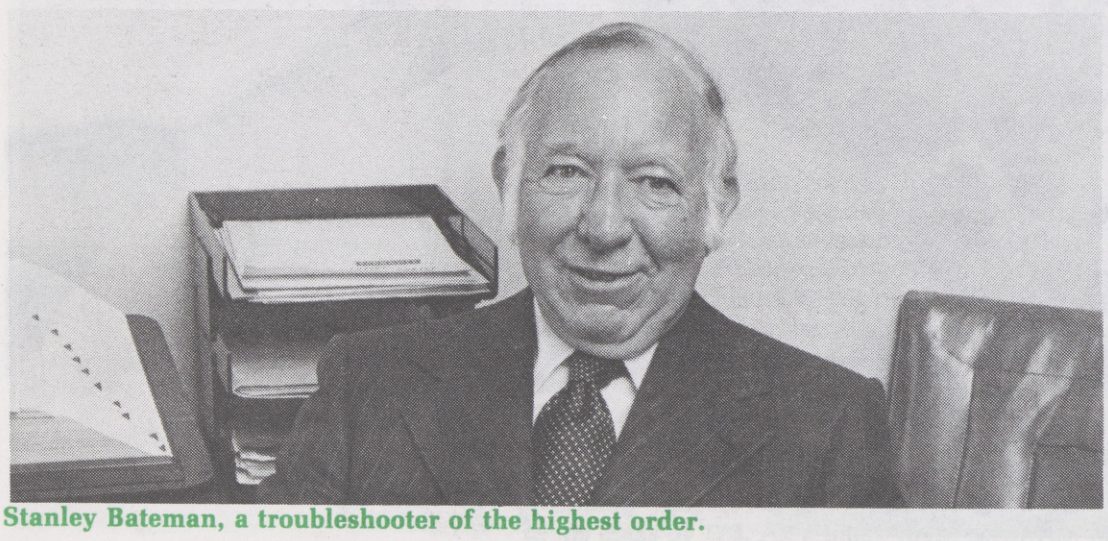
"He has the ability to adjust to the times, and to make changes in the police operation . . . he is well regarded by all in the campus community; he's a good friend."

Crime prevention is one of the department's jobs, and Erickson pointed out that the crime rate on the campus is substantially lower than it is in the surrounding city as a whole. Lopes has "shown a low profile," he added, as well as "great ability to assess a situation, look at all factors and weigh what he does before he does it."

Erickson says the chief has not only exhibited professionalism in his work but has brought it an "even-handed, humane attitude. . . ."

Lopes, who is a lifetime member of the International Association of Chiefs of Police and the California Police Officers Association, will be spending more time on his 10 acres near Georgetown, in the Mother Lode, once he leaves the UCSF job, Erickson said.

As UCSF police chief, La Verne Lopes has shown a low profile.



Stanley Bateman, a troubleshooter of the highest order.

Speaking of Stanley Bateman, Chancellor Francis A. Sooy says: "He's a troubleshooter of the highest order. He's constantly cheerful, interested; he approaches everything he does in a conscientious, tactful and very effective way.

"When you're in trouble, get hold of Stanley Bateman. He'll deal with it in a manner that is to the credit of the University."

Bateman is retiring in June as UCSF's contracts and grants officer, a post in which he has functioned as the business manager for research grants and contracts totaling some $100 million a year.

As such, Sooy says, he proved himself to be "a masterful negotiator . . . able to work through difficult and even controversial situations with tact and persuasion, to reach workable solutions."

It has been Bateman's responsibility to make sure that grant applications are in proper order and then to guide them through the often confusing maze of federal rules. "In his kind, gentle and persuasive way he would convince the federal bureaucracy that UCSF was doing things right," Sooy said.

Bateman came to UCSF in 1952 as accounting officer, after four years as a senior accountant on the Berkeley campus. From 1955 to 1966 one of his duties was as assistant stateside coordinator of a UCSF-Indonesia venture in which the University organized the modernization of the Southeast Asian country's medical schools.

"Coordination from a business-manager standpoint was enormously difficult," Sooy said. "He had to coordinate the fiscal logistics between what was going on here in this country as well as out there."

Again in the 1960s, as contracts and grants officer, Bateman had to reconcile National Institutes of Health rules and University of California or State of California rules.

"He had to negotiate differences in these rules affecting many, many millions of dollars a year," Sooy said.

The Chancellor recalled that would-be grantees are likely to wait until the last minute to file their applications, thus sometimes missing the deadlines. "Stanley Bateman would say, 'Bring them all to me the afternoon before the deadline,'" Sooy said. "Then he would fly the Red Eye special to Washington and submit the applications in person."

And, Sooy added, Bateman showed "excellent judgment" in selecting Lorraine (Marty) Petrakis as associate director of the contracts and grants office. "Between them, there was never a time when the valuable service of the office wasn't available to the campus."

Jane Eshleman Conant

He Thought He Was Physically Fit

Al Kerr lay there on the operating table — a fine physical specimen, swimmer, track man, all-Navy basketball player, boxer, skier, with strong, wiry legs and an abdomen like a washboard.

So what was he doing undergoing heart-bypass surgery?

"I guess I had a dozen eggs every weekend," he said. "I had three pints a day of ice cream, a half-gallon of milk, lots of cheese . . . everything was fried. Butter — I put butter all over the potatoes. I thought if I was physically active I'd burn off all that cholesterol . . . I thought if I ate all that and ran 10 miles a day, I'd burn it off."

Big Al, as he refers to himself, is a recreation supervisor at Millberry Union and thinks his experience demonstrates that exercise alone is not enough to ward off heart disease. His cardiologist, Dr. John C. Hutchinson, clinical professor of medicine and surgery, agrees.

"You can't, by exercise alone, have so much protection that you can ignore the other risk factors," the doctor said. "To ingest that much fat is inadvisable . . . everybody knows that!"

But Kerr didn't. He was astonished, on a day last October, by the agonizing pain that welled up in his chest as he warmed up at Rossi Field in preparation for officiating at the UCSF championship intramural softball game. There had been no warning.

"I put on sweat clothes and had run about 30 yards when the pain came," he said. "It was unbelievable pain. I knew what angina was [pain rising from constriction of coronary arteries] and I thought, 'Oh God, I think I have angina.'"

He saw Dr. Hutchinson and took a prescribed medicine, but the pain returned. An angiogram showed the sorry state of his heart: "Three main arteries were almost completely closed." And he went to surgery the next day.

Not a man to forget those who have been kind to him, Big Al acknowledged the nurses who cared for him while he was in the Intensive Care Unit, as well as the medical cardiology team. The latter included: Drs. Gray Misbach, chief resident; Robin Bernhoft, senior resident; Fred Bongart, third-year resident; Steven Boyce and Michael Delrio, interns; and fourth-year medical students Richard Kahmann and Pamela Lewis.

An operating team headed by Dr. Dan Ullyot performed the surgery on November 3, attaching five bypasses as substitutes for arteries that should have been bringing oxygenated blood to Big Al's heart but had become clogged.

Not all patients have as many as five bypasses. The number showed that Kerr's heart was in great need of help.

New coronary artery connections are made from sections of the long vein that runs down the inner side of the leg; the scar, usually from groin to ankle, is the badge of the bypass fraternity.

Big Al is probably one of the few water skiers with this long line along his leg. Not many of them are seen on the racquet ball court, either. But he hopes to return to sports; in fact, as early as late January, he asked Dr. Hutchinson whether he could go skiing in the Sierra. He was refused, but "I hope to water ski when summer comes," he says.

He has been energetic since his Manhattan childhood, when he "wanted to win a medal in every sport." "I was a runner, swimmer, basketball player," he says. "I was in Police Athletic League track meets, Catholic Youth Organization games; I did the butterfly and back strokes. . . ."

He enlisted in the Navy as a youngster and returned to the service during the Korean War, again taking part in athletics. In 1952 he ran the Boston Marathon in 2 hours, 29 minutes, 14 seconds.

Kerr came to UCSF in 1964, after graduating from the University of California at Berkeley and serving as athletic director at the Naval Air Station, Alameda. He conducts classes — for example, the weight control programs for UCSF and community people — referees campus games, organizes softball league play.

Kerr coaches the UCSF Meds basketball team, which he has been taking to play against the imprisoned San Quentin Pirates for the past 18 years. The team also plays at colleges and junior colleges throughout Northern California. He says about 6,000 students, staff and faculty have participated in the basketball, chess, racquet ball and tennis teams that he has organized to play at prisons and at other schools.

For this outstanding community service, Big Al received the nomination several years ago for the Chancellor's Award for Community Service.

He thought these activities plus his athletic regimen were proof that he was physically fit. "I ran about 70 miles a week, played 50 racquet ball games a week." In his Millberry Union job he was consistently active; his weight was under control, he didn't smoke, didn't drink. And never, until that day in October at Rossi Field, did he suspect he might have heart disease.

That's what can happen, Dr. Hutchinson says: "You can have clogged arteries and no symptoms. You don't appreciate the onset of the trouble. People suddenly find they have far-advanced heart disease."

The cardiologist agrees with Kerr that his diet was "unacceptable." "He was living on ice cream and cheese," he said. "These are very high in cholesterol."

Big Al has put that diet behind him now. "Now it's nonfat milk," he says. "No ice cream, very little meat — lean meat."

He keeps a bowl of soybeans and raisins on hand for himself and for callers. And, on the assumption that others may be unaware, as he was, that exercise won't do it all, he hopes his experience may help such people avoid the pitfalls he found in his way.

But more than hoping, Big Al is receiving vocational rehabilitation counseling from Personnel and Employee Rehabilitation Services. "Bruce Flynn has really helped me," he said. Big Al, in turn, will help others with recreational needs who have had heart problems. "After I learn it, I'll teach it here."

Jane Eshleman Conant

This is Bonnie Raskin and the door from the linen closet at 1467 4th Avenue. The Purchasing Department presently occupies the old house at 1467, which is where Raskin grew up. Her father measured his children's growth on the linen closet door. Recently, at Raskin's request, UCSF turned the door over to her. When she came back to the house, where she lived with her family from 1945 until her marriage in 1965, Raskin found that many things hadn't changed. "The pathways were the same, the hole in the ceiling, the room my dad built and even the wallpaper." It was Erin McGinty, administrative nurse in Moffitt Hospital, who contacted Charles Salyer in Physical Plant to make arrangements for Raskin to get the old door. McGinty had grown up on the same block.

"I felt that the door was part of my family heritage," said Raskin. "Had I known sooner that it was still the same with the growth marks on it, I would have gotten it to measure my four boys. Now their names will be etched on it."

Drill Tests Response to Disaster

courtesy of San Francisco Progress

On April 21, the entire campus participated in a disaster drill to test our response to a major earthquake. Everyone was urged to become involved in the mock drill. Approximately 175 community volunteers pretended to be victims, while campus faculty and staff implemented "Operation Triage," the hospital's disaster plan. Still other employees took over the responsibilities of helping to calm emotionally shaken people, to work with members of the press and to direct approximately 50 frightened "family members" to the appropriate place for information.

The *UCSF Journal* asked a few members of the Disaster Drill Planning Steering Committee to tell us some of the key things that we should all know about the UCSF Disaster Plan. Participating in the interview were Disaster Drill Chairman John Conte, MD, chief of Infectious Diseases and associate professor of medicine; Coordinator Hiroshi Tokubo, assistant director, Hospital Administration; Laura Aalto, administrative resident, Hospital Administration; and Carol Copperud, training coordinator, Hospitals and Clinics. Here are some of the important things they said should be remembered in the event that UCSF becomes a community resource responding to a major disaster.

Question: What is "Operation Triage"?
Answer: Triage means the assessing and sorting of victims according to their prognosis and medical problems. "Operation Triage" is the hospital's response to a disaster. The lobby of the Medical Sciences building is the location to which people would be brought to be triaged. Those who are designated "walking wounded" are sent to the Ambulatory Care Center; those who are emotionally disturbed are to be escorted to Langley Porter for psychiatric treatment. An Immediate Care Area is designated in the Medical Sciences lobby for people who require immediate medical attention. Those who are expected to die, or for whom medical care is no longer a benefit, are to be cared for by nurses, chaplains and social workers in a designated Expectant Area. The dead on arrival will be taken to the morgue. A Holding Area is established for evaluation, stabilization and treatment of people who are waiting to be admitted or to have X-rays or surgery. Public Receiving where family members would go, is in Millberry Union lobby.

Question: Who are the key people in charge during a disaster response and what are their functions?
Answer: The Disaster Control Center (DCC) coordinator is one key person. If the disaster occurs during working hours, the director of Hospitals and Clinics is the coordinator. During off-hours, the nursing supervisor and the hospital administrator-on-call are responsible for implementing the disaster plan. The DCC team coordinates with assistance from campus police, Physical Plant and a designee from the Department of Surgery the hospital's ability to provide safety to its patients. If the assessment results in the conclusion that UCSF can serve as a disaster resource, "Operation Triage" is implemented. Another function is to establish a base station for distribution of two-way radios for communication with the "Operation Triage" site.

Social workers will operate the Public Receiving Area, where patient information is brought from the Admitting Department, Hospitals and Clinics. Social workers will work closely with family members who are anxious for information and with discharged patients, helping them to arrange transportation from the campus.

The News and Public Information Services staff plays a very essential role in the event of a disaster. They set up a Media Information Center to assist the press in obtaining pictures and information, but also to insure that the press is not interfering with patient care. News Services personnel collect and disseminate information on the extent of damage, the number and location of casualties on campus and in our hospitals and clinics.
Question: What will happen if telephone communication is cut off?
Answer: The campus' and hospitals' hand-held radio systems, which include most major campus areas, will be used. Runners from departments are also used. In addition, the Chancellor's office and the News Services office have direct "priority" telephone lines. These lines, which are dispersed throughout the city, are sometimes the only telecommunication operating during major disasters.
Question: What will we do if some of our major buildings are not standing and we have to evacuate?
Answer: Part of our early response will be to assess damage. The DCC team will decide at that point whether UCSF is a resource or part of the disaster. If UCSF is part of the disaster, the DCC issues an alert that the campus is in trouble, and evacuation procedures might need to be initiated.
Question: How do we interact with state, local and regional emergency services?
Answer: We are part of the city's MEDNET, which is the medical network of city and county emergency medical services. MEDNET coordinates the survey of the community's capability to treat patients. MEDNET is part of the city's Office of Emergency Services (OES), which is administered through the mayor's office.
Question: What can staff, faculty and students do to prepare for a disaster?
Answer: In the event of a disaster, people who do not have assigned tasks can report to the Personnel Pool, where requests for help will be brought. People are needed to carry victims, escort patients and family members and to help in a number of ways which cannot be anticipated.

Departments can formulate their own disaster plans, which outline staff responsibilities and have information on what to do with research data, other important information, specimens and evacuation routes.

Adequate response to a disaster will depend not only on the assistance that physicians and hospital employees provide, but on the help of the campus employees and students as well.

New Year's Storm

Victims Tell of Ordeal

Beverly Winton: "You don't believe it can happen to you."

Coping with disaster was more than a drill for some UCSF staff members in the wake of January's monster storm.

Beverly Winton, staff nurse in the outpatient Children's Renal Center, left for work as usual at 6:20 the rainy Monday morning of January 4.

By 8 am, mud and water were streaming down the sides of the San Rafael canyon around the Winton home. Winton's husband, Euell, went outside to divert runoff. Their two children, Matthew, 6, and Bryan, 4, played in the front room.

At 8:30 a bay tree crashed through the house.

Euell Winton and neighbors rescued the boys through the hole in the wall torn by the hefty brick fireplace falling outward. The back bedrooms were flattened.

"You don't believe it can happen to you," Beverly Winton says. "When someone tells you it did, you still don't believe it. Until you see it. Then I was hysterical."

People — friends and strangers both — helped them through the shock period, she says. Some took turns bringing them dinner the 26 nights they were quartered in a motel. Others brought clothes. "We couldn't have made it otherwise."

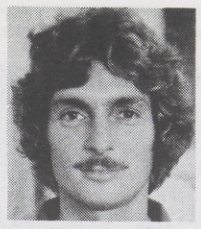
Now the Wintons are renting a house until they can buy another one. The insurance settlement is mired in speculations over why the tree fell (the Winton homeowner's policy covers falling objects but not mudslides).

Emotional recovery lags, too. The boys, who had their own rooms in the old house, share one now by choice. It's their way of saying they're afraid to be alone, Winton says.

The Winton parents still have their own fears. They're also frustrated by the technicalities hindering their efforts to resettle into a home of their own. "The main thing is to keep attuned to all our feelings," says Beverly Winton. "We try not to worry about the future. It doesn't help. When we feel down, we look at what we still have."

As much as they loved their old home, the Wintons won't rebuild

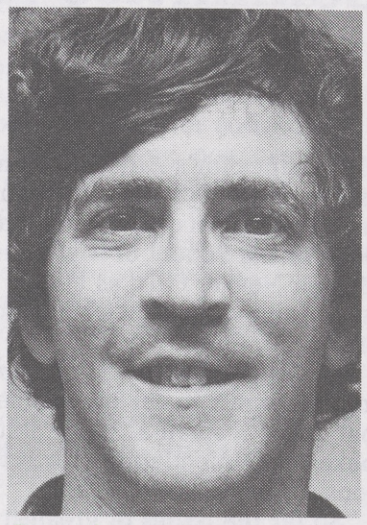
QUESTION MAN



Why do you give blood?

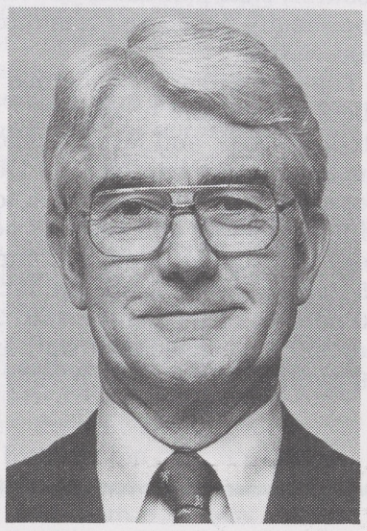
Interviews with individuals donating blood in Millberry Union and the School of Nursing conducted by Allen Balderson.

Ian Cummings, first-year School of Medicine student:
It's a socially responsible thing to do. There are quite a few people who need blood and there is a shortage right now. If I were in need of blood, I would certainly like for it to be there.



Cummings

Edward L. Burke, associate clinical professor, Medical Psychology:
I do it every time. My immediate motivation is that my father died about four years ago after an illness of several years in which he needed a number of transfusions. It was then that I realized how important donating blood is.



Burke

Shirley Peltz, program representative, Millberry Union:
I first started donating blood in Israel because of soldiers and medical units really needing it. Ever since then I've felt a sense of duty to others, and I love the doughnuts they serve here.

Peltz

Jackie Scott, clinical nurse II, Diagnostic Clinic:
I felt that it was about time I reopened my account — it's been about two years now. They're still doing a lot of open-heart surgery and they use a lot of my blood type for that operation.

Scott

Abdur-Rahman

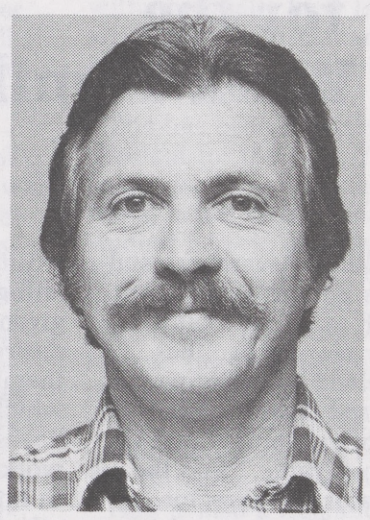
Kenya Abdur-Rahman, second-year School of Medicine student:
I've never done it before, and I thought it was about time I started donating. This seemed to be the best time to start because I've finally come to the realization that it should be the duty of every health care professional.

Ryan

Lori Ryan, administrative assistant, Radiology:
I do it because it is the one special thing that I can do for someone else — even though that person is a stranger. It doesn't cost me anything to produce it. Ever since I found out that it doesn't hurt, I've become more generous. I also like the cookies.

Styles

Margretta Styles, dean, School of Nursing:
There can only be one answer to that. It certainly is not for money, or the dinner that is raffled off. People need blood and I'm delighted that I am healthy enough that I can offer mine.



McWatters

Carl McWatters, staff research associate, CVRI:
I always donate. Also, one of the people I work with won't donate alone. It sort of gets us both down here. It's the easiest thing I've ever done.

on that lot. They don't really think the same thing could happen twice, Winton admits, but they can't help remembering that if the tree had come through those bedrooms three hours earlier. . . .

"We don't like the sound of rain on the roof anymore," she says. Hilda Dorcey, billing assistant in the Department of Dermatology, calls the same stormy Monday "the great car washout."

She is one of five UCSF vanpoolers whose automobiles were destroyed by Pacifica floods. The others were Bob Calhan, stationary engineer in the Physical Plant Department; May Chung, laboratory technician in the Department of Oral Medicine; Kim Phung, postdoctoral student in the Department of Pharmacology; and Nancy Quintrell, research associate in the Department of Microbiology.

All five met the van at the regular stop, Pacifica's Linda Mar Shopping Center, and left their cars in the parking area. By evening, Linda Mar was flooded. The returning van was halted by water two miles north and forced to detour inland.

Several of the Linda Mar group made their way to the parking area later, hoping to salvage their cars. May Chung spotted her showroom-new '81 Mazda with water up to the dashboard. Police wouldn't let her pass. "The place was an ocean," she says.

Nancy Quintrell and Kim Phung eluded the police blockade and waded through waist-high rushing water to push their cars to higher ground.

None of them knew yet that all the cars — smothered as they were in mud and silt — were considered automatic totals by insurance standards. They also learned later that even the handsomest bluebook settlement doesn't replace a car at today's rapidly increasing costs. Hilda Dorcey — quick to say that her own compensation was excellent — paid more than twice as much for a new car. Dorcey, who had just overhauled her 1972 Mercury Comet, remembered that she had thought, "Now everything is new, and there's nothing left to go wrong."

They all agree that things could have been worse. As Hilda Dorcey puts it, "My house and grandchildren came through safe and sound."

Michele Liapes

Chancellor Francis A. Sooy appointed 26 members to the 1981-1982 Chancellor's Advisory Committee on the Status of Women: Marion Nestle, associate dean, School of Medicine, chairperson; Elsa Aguilar, student, School of Medicine; Rachael Bernstein, assistant affirmative action coordinator; Susan E. Browne, doctoral student, School of Nursing; Agnes Canfield, administrative assistant III, School of Nursing; Elba Clemente, senior personnel analyst; Karen Day, chair, Personal Safety Committee, and associate director of Nursing Services; Amy Eisenfeld, president, Graduate Students Association; Nancy Evans-Nestler, secretary II, School of Nursing; Barbara J. Fong, assistant clinical professor, Restorative Dentistry; Beverly A. Hall, associate professor, School of Nursing; Marilyn H. Harper, associate clinical professor, School of Medicine; Betty-Ann Hoener, associate professor, School of Pharmacy; Carol Jessup, House Staff, School of Medicine; Colleen L. Johnson, assistant professor, School of Medicine; Carolyn Koster, management services officer, School of Dentistry; Pati Kuziomko, recreation supervisor, Millberry Union; Amy Levine, program representative, Rape Prevention Education Program; Odette Lockwood, Chaplain's Office; Elisabeth A. Neville, administrative assistant, School of Medicine; Virginia L. Olesen, professor, School of Nursing; Susan M. Pond, assistant professor, School of Medicine; Julia Robinson, associate director, Langley Porter Psychiatric Institute; Patricia Sparacino, clinical nurse specialist, Nursing Services; Diana W. Wara, associate professor, School of Medicine; Lin Yankowski, medical student II, School of Medicine.

Women's Status Committee Appointed

The Chancellor's Advisory Committee on the Status of Women has been restructured with Associate Dean of the School of Medicine Marion Nestle, PhD, as chairperson, appointed by Chancellor Francis A. Sooy.

The 26-member advisory group is commissioned to review problems that affect women at UCSF and to make recommendations for solutions to the Chancellor.

"So far the issues of greatest concern have been grievance procedures, staff personnel policies and faculty hiring and retention," said Nestle.

The committee is concerned about the welfare of women students, staff and faculty, who make up more than half the UCSF population. Among the work force of 9,096 faculty and staff, 58 percent are women. Women comprise 25 percent of the academic faculty, 70 percent of the career staff, 33 percent of management staff and 49 percent of the student body.

"This is an important committee with a useful role," said Nestle. "One of its goals is to find ways to maintain and promote women faculty and staff, especially during this tight budgetary period."

The committee's immediate project is a resource guide to education, research and services at UCSF that are directed to women. Nestle, who co-authored *Nutrition UCSF: A Resource Guide to Courses, Services, and Research,* said the committee is soliciting information for the women's guide, which will have a similar comprehensive format. Distribution is expected in fall 1982.

"I think the guide represents an opportunity to do something very useful," said Nestle. She urges anyone who has information for the guide or who is seeking information about the Chancellor's Committee on the Status of Women to call her at ext. 2342 or Jeanne Phillips at ext. 1401.

CARE for the UCSF Work Family

CARE, the Cultural Awareness and Race Relations Education Program, begun at UCSF as a year's pilot program a few months ago, has been well received by participants.

"The expressed need for what CARE has to offer requires that we expand our time frame," said the program's creator and director, Marie Simmons. Simmons, who initially took a leave of absence from her position as director of the Social Work Department, Hospitals and Clinics, would like to continue with the program until its objectives are integrated into the organization.

With support from Hospitals and Clinics, the Department of Social Work and the Development and Training Office, CARE hopes to continue pursuing its objective of facilitating collaboration and understanding among UCSF faculty, staff and students, and to encourage open paths of communication between cultures. In Simmons' opinion, this is best achieved within the framework of "family." She defines the word family as a group of people who are joined together by working relationships and mutual work goals.

Simmons' philosophy in formulating the CARE program is that given the opportunity, all people desire and have the ability to better themselves and the environment in which they work and live. She believes that people in multi-ethnic work settings often need guidance in interacting sensitively with others. "The goal," says Simmons, "is to develop sensitivity and understanding of one another as human beings with common needs for respect, dignity and self-esteem, and to negotiate cultural and other differences according to work standards and work goals."

To this end, CARE offers separate workshops for managers, supervisors, employees and students. Workshops extend over three weeks, with one 2½-hour meeting each week. CARE is also developing a cultural bank of consultants who will provide information about specific cultural patterns and customs.

Another CARE approach is unit or departmental consultation, such as that offered to the Registration Services Department in the Ambulatory Care Center.

Staffed by 13 admitting workers, manager Danny Williams and supervisor Doris Merritt, this essential department is on the front line of interpersonal relations. The admitting workers are often the first contact that patients have with the UCSF system. They set the tone of the patient's visit and form the impression of UCSF as a friendly or not-so-friendly place.

In addition, admitting workers have the task of asking very personal questions, which are entered into confidential computerized patient records. Questions probe one's marital status, religion, social security number, as well as the means of payment for health services. According to Merritt, the proper tone must be set in order to prevent such questions from becoming an affront to the patient.

"Marie Simmons' visit to our unit made a big difference in the morale of the employees," said Merritt. "She left us with the thought that we should be broad enough to accept everyone, yet not so broad as to have stereotyped opinions about people, based on their ethnic or cultural background. She encouraged us to be tactful enough to obtain the information we need, but not to ask questions in such a way that we appear to be jumping to conclusions."

Merritt said that she was greatly relieved to learn how to communicate with those men from other cultures who are domineering and argumentative.

"They tend to do all the talking, so that if we address a question to their wives, they will answer for the women. They discuss with admitting workers the sliding scale fees, which are fixed according to income."

It was Dr. Afaf Meleis, professor of Mental Health and Community Nursing, School of Nursing, who, while accompanying Simmons to one of the consultation sessions, told the admitting workers that in certain cultures the men handle all business transactions and are culturally conditioned to strike the best possible bargain.

"Now I have a better understanding when I'm working with one of these men, because I know this is his custom. I try to explain ours," Merritt said.

The outcome of such communication is positive for most people most of the time. "Sometimes patients tell us, 'You made my day. I'm all right now.' We know that they have come to see about a physical problem, but they feel that they're okay because of the way they've been treated," Merritt said.

The CARE program offers the same assistance to employees, faculty and students, so that interacting groups can learn how to communicate better. For more information, call Marie Simmons at ext. 4032 or 1655.

PEOPLE

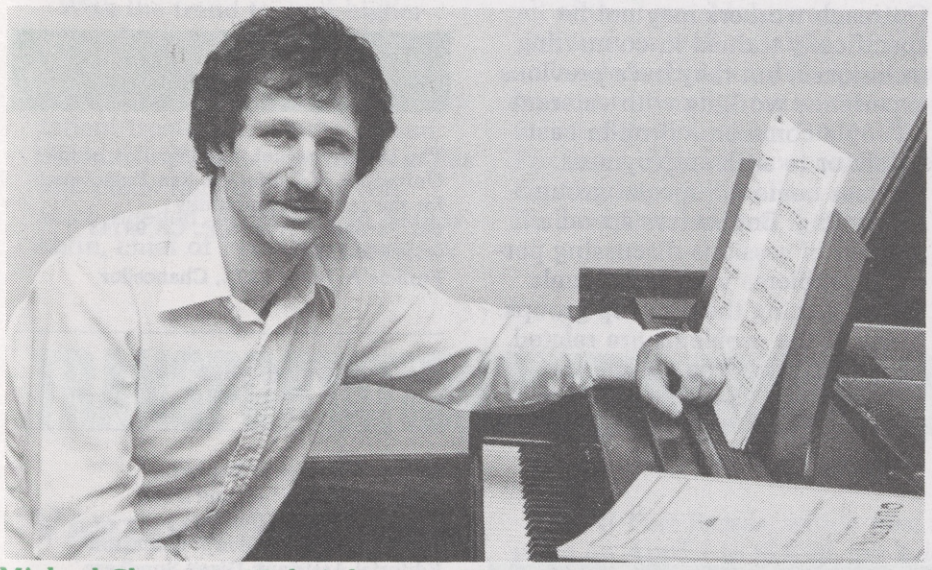
Chamber music is a form of dialogue for Michael Charness, MD, research fellow and instructor in the Department of Neurology. As a pianist, he converses regularly in Beethoven or Mozart with a violinist and cellist.

This winter, the trio (which includes UCSF neurosurgeon Harold Rosegay, MD, on violin and cellist Russell Bertoli) observed the birthdays of Beethoven, Schubert and Mozart with friends, music and birthday cake. A celebration for Brahms, born in May, is next on the agenda.

Charness was strictly a soloist until he came to UCSF four years ago and discovered "pockets of musicians throughout the campus community." He puts extra effort into the still unfamiliar chamber music literature — up to four hours an evening — after a full day at the lab.

His late start in piano — at age 10 — is why his profession is medicine rather than music, he says. He isn't sorry. "I don't hate music because I'm starving, or suffer from preparing a piece to perfection. I do it because I love it."

For Charness, music is an experience that can't be matched — not by "runner's highs" or a good day in the lab. Playing music with others is even better. You have to learn to listen, he says. "It's the difference between soliloquy and conversation."



Michael Charness: "I do it because I love it."

Rosia Reed, licensed vocational nurse in the cardiovascular and thoracic unit at Moffitt Hospital, quilts for fun.

She started 30 years ago as a child in Vicksburg, Mississippi. Quilting was always social then. Neighbors gathered for congenial evenings of stitching, popcorn, teacakes, songs and ghost stories. The warm coverings they patched together from old clothes were indispensable for subfreezing Mississippi winters.

Today patchwork, without a pucker, wrinkle or thread showing, is still Reed's way of relaxing. While others unwind with a beer in front of the TV, she says, "I make coffee, spread a quilt over myself and stitch."

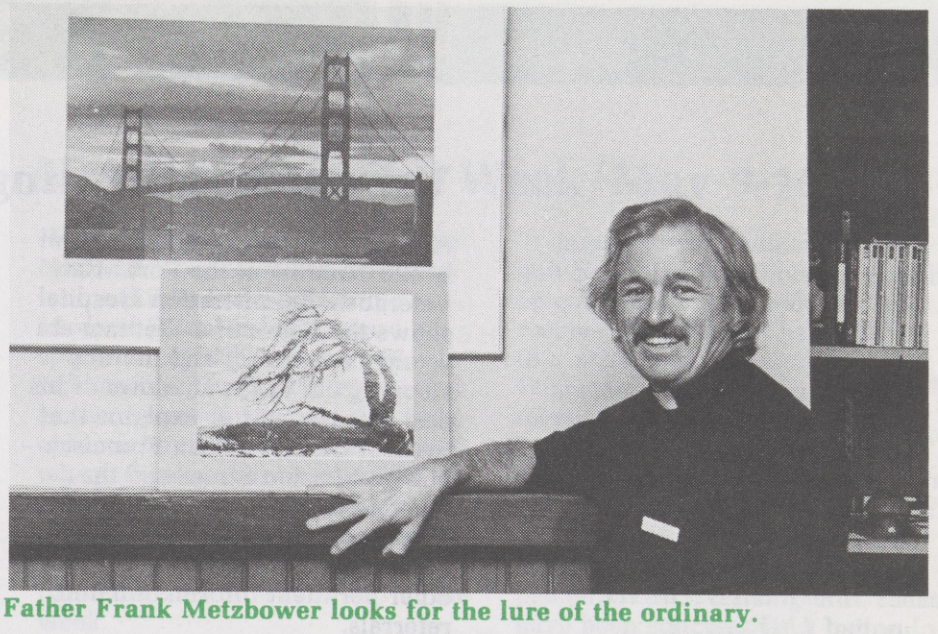
You can make a quilt from anything, Reed says. She haunts the fabric outlets for sales in calico, gingham, denim, silk and satin. Patterns are just as varied — from plain squares or a more elaborate "wagon wheel" to the intricate linkings of a "double wedding ring."

Reed donates a few quilts to her church. Most are gifts to friends. These days she's making baby quilts, about four a month, for all the expectant mothers she knows.

She'd rather quilt with others (like fellow UCSF nurse Pearl Daniels), the way she did back home. But in a big city, it's harder to get people together.

Says Reed with nostalgia, "I'd love to have a quilting bee."

Rosia Reed makes quilts without a pucker, wrinkle or thread showing.



Father Frank Metzbower looks for the lure of the ordinary.

Editor Renee Hall, a channel through which an author's expression flows.

Whenever he sets out with his camera, Father Frank Metzbower, SJ, looks for the majesty in small things. He is Catholic chaplain at UCSF, and his nature photography is a hobby of 40 years.

Next month's annual exhibit of his work, in the hospital lobby, will focus on Yellowstone and Glacier National Parks. But Father Metzbower doesn't have to be hiking in the wilderness to take pictures. He's constantly on the watch for the lure of the ordinary: "that insignificant something that you see every day, but that suddenly strikes you for the first time."

He doesn't let the grandeur of something like a Yosemite waterfall obscure the equal wonder in the wildflower at his feet. "I had to learn to see not just El Capitan or Half Dome, but the stone in the river, and the flowers in the fields."

Father Metzbower spends a couple of nights a week in the darkroom, sometimes fine-tuning the color and composition of just one picture until he gets what he wants — the photograph that he returns to look at again and again.

"We Jesuits say that we find God in all things," he says. "My photography is an expression of that. I look at nature and I see God there."

Renee Renouf Hall, administrative assistant for Social Work Education and Staff Development at LPPI, successfuly balances her full-time administrative work at UCSF with an equally busy freelance writing and editing career. She formerly worked with Millberry Union Food Services.

She has been Bay Area correspondent for the New York City-based dance newspaper, *Dance News*, since 1962. A former dance student herself, she covers local events, from a Joffrey Ballet opening to the debut of an unknown performer: "anything which will interest the internationally oriented pages of *Dance News*." She has written features for *City Arts* and *California Living* and reviews for *The Christian Science Monitor*.

Hall is also a freelance editor with Strawberry Hill Press. She's recently edited two cookbooks for this local publisher, and says that both are important social documents. The Indian cookbook, *A Surti Touch*, she calls a true portrayal of the traditional Indian home and a "superb piece of folklore." She's equally enthusiastic about the one on Japanese cuisine, but wants her next book to be different, perhaps on dance. "You can go stale on cookbooks," she says.

An editor, Hall says, sometimes has to empathize with another person's thought process. "You become the channel through which the information or expression flows. It's the same quality that a dancer has."

Michele Liapes

VA

Vet Centers/Dealing with Combat Experiences

A flyer in the lobby of the mental health building at the Fort Miley Veterans Administration Hospital shows the figure of a Vietnam-era veteran assertively and literally stepping out of the shadows of his past into the '80s. It explains that two Vet Centers in San Francisco—one on Mission Street and the other on Waller—offer employment guidance, individual and family counseling, rap groups and lots of other pertinent information and referrals.

"We're seeing a lot of people, many of them walk-ins, at our Mission Street center," says Vet Center Administrative Director Eugene Zukowsky, PhD, UCSF associate clinical professor of medical psychiatry and chief of Psychology Service, VA Medical Center.

Though the centers have been in operation for only two years and no demographic study has been done on the participants, Zukowsky says that each of the two centers is being used by 250 to 300 veterans, totaling more than 2,000 client visits a year. At the Waller Street center, approximately 60 percent of them are combat veterans, and about 40 percent of the Mission Street participants are combat veterans.

"There is a range of professions and occupations," says Zukowsky. "There are some accountants, engineers, former pilots. Most of the people are working and productive, but of lower socio-economic status, married and with difficulties."

Delayed stress—a term Zukowsky says is included in the new psychiatric diagnostic manual and "has been struggling for recognition for the last three or four years"—is a commonly seen problem among the veterans.

Unlike the emotionally disturbed veterans of World Wars I and II, who were described as "shell shocked" and thought to be suffering from immediate reactions that were considered neurotic if they continued, Zukowsky explains that victims of delayed stress from the Vietnam war have only in the past couple of years been gaining recognition for emotional problems caused by the war experience.

"Society opened up very slowly because of the reactions to the war," says Zukowsky. "We weren't able to see the people and the individual suffering because of attitudes we held toward the war. Veterans themselves have done a tremendous amount to help change those attitudes toward themselves. They have not allowed themselves to be forgotten. Society must not confuse attitudes toward the war with the persons who fought it."

At the Vet Centers men and women veterans and their spouses are encouraged to drop in and participate in rap groups and counseling programs.

"Rap groups are very essential," Zukowsky emphasizes. "They provide an opportunity to talk about one's experiences openly and with support. It's very important that the centers be manned with veterans, and at least some of them should be combat veterans."

Each San Francisco Vet Center is staffed by a team leader, three outreach workers and a clerk. Joaquin Gallardo is team leader at the Mission center, and Jack McCloskey is at Waller Street. Gallardo and McCloskey are trained in some variation of peer, psychological and rehabilitation counseling. Outreach workers may not be specifically trained in counseling techniques, but they have previous experience working with veterans.

People come on a drop-in basis to talk or to seek employment. Spouses come for special group counseling. Counselors spend a number of sessions discussing personal problems with individuals before placing them in rap groups. Many of the problems are related to alcohol and drug abuse.

"There is a 28-day resident program in the VA Hospital for alcohol abusers, which has a fairly good success rate," says Zukowsky. "It usually takes two or three times around for veterans. There has to be treatment of the underlying combat experience. If you don't touch that, you don't get to the problem."

Vet Center participants are referred for outpatient treatment to the Mental Hygiene Clinic at the VA, San Francisco, and there is a special VA Hospital program directed by the associate chief of staff for ambulatory care, Gerald Charles, MD, to treat people who believe they were sprayed by Agent Orange.

"We're not involved in long-term treatment. Our focus is to get people functioning back in society as soon as possible," says Zukowsky. He said one of the rap groups is now future-oriented. "They said, 'Enough of this Vietnam crap! Let's get on with life!' This is encouraged. They have to put the experience behind them at some point."

Zukowsky says that any traumatic event will leave emotional scars. "If someone goes through a difficult divorce, there may be no real healing. Magnify that kind of experience by a series of chronic life-threatening traumas, like those you encounter in war, and it is difficult to be healed. But to get back to functioning capacity? Yes, that's possible."

BENEFITS

Retirement Contributions

The maximum amount that can be contributed to the UCRS Additional Retirement Income programs is 20 percent of the UC salary. This amount has to be adjusted for faculty members who have medical compensation plans. The adjustments make allowance for the amounts automatically tax-deferred in the UCRS Additional Retirement plans.

Faculty and staff members may select UCRS tax-deferred plans at any time. More detailed information on retirement programs is available from the Personnel Department, Room 64-U.

IRAs Plus UCRS Programs

UCSF faculty and staff can have Individual Retirement Accounts (IRAs) and participate in UCRS Additional Retirement Income Programs.

The Economic Recovery Tax Act of 1981 makes provision for those who have qualified pension plans to also have an IRA, although IRS regulations governing these provisions have yet to be finalized.

The University of California has not authorized payroll deduction for IRAs with banks and other institutions. Rather, UC faculty and staff may arrange IRAs with the agency of their choice, and the amount contributed to the account can be deducted each year from income when taxes are reported.

The UCSF Journal, a publication of the University of California, San Francisco, for the campus community
532 Parnassus Ave., S.F., CA 94143
(415) 666-2557
Francis A. Sooy, M.D., Chancellor

May 1982, Vol. 6, No. 2

Editor: Jini Kilgore Robinson
Associate Editor: Jeanne Duell
Designer: Carol Kummer
Assistant Editor: Allen J. Balderson
Editorial Assistant: Diane Sundberg
Michela Reichman,
Special Assistant to the Chancellor,
News & Public Information Services

Editorial Advisory Committee: Randy Balch, Kathy Balestreri, Rufus Battles, Dan Benton, Vera Berg, Alcus Bill, Charles Cannady, Mary Connolly, Carol Copperud, Jim Crawford, Joan Dunkel, Ann Gilstrap, Margaret Hall, Cheyney Johansen, Dianne Leiker, Arlene Lillian, Leslie Lingaas, Tarran McDaid, Bruce MacGregor, John Otto, Anne Politeo, Hilary Pritchard, Margaret Schneebeli, Judith Segerson, Judith Serrell, Linda Swantner, Margaret Warren, Jo Wheeler, Patricia Wizeman, Sara Wright, Nancy Zinn

Photo Credits: Richard Brooks (1), Susan Paddor Lukes (1, 4-7, 9, 11, 12), Bob Clay (6), Dr. Lothar Reinbacher (3)

HOSPITALS/CLINICS

Family House Opens

In the Family House kitchen are (l-r) Katie Diaz and her mother, Jean Diaz, manager of Family House; UCSF patient Amber Wardell and her mother and sister, Robbie and Jamie; and patient Christopher Molina.

It is now possible for 11 to 15 families of hospitalized children to stay at the new Family House, located at 50 Irving Street.

The house, formerly a home for missionaries of the Mormon Church, was opened in February, supported by an organization of parents, community members, physicians associated with the Pediatric Cancer Unit at UCSF and other health care professionals. It is not owned or operated by the University of California.

With the trend toward higher survival rates among child cancer patients, who often require years of periodic hospitalization and outpatient treatment, a suitable and affordable place to stay for families who come long distances was much needed, according to Arthur Ablin, chief of Pediatric Oncology and a member of the Family House organization.

An additional problem has been the scarcity of nearby facilities, which are generally too expensive for most families to afford. At Family House, according to volunteer Carol Hardgrove, associate clinical professor of nursing, parents are requested to make a donation, but nobody is turned down because of inability to pay.

"Donations continue to come in," said Hardgrove. "Practically all of the furnishings were donated, as well as labor.

Tax-deductible contributions may be sent to Family House, 50 Irving Street, San Francisco, CA 94122. For more information, contact resident managers Jean Diaz and Richard Diaz, MD, at 753-3505.

National Hospital Week/May 9-15

Hospitals and Clinics will observe National Hospital Week May 9-15 with exhibits in Moffitt and Medical Sciences lobbies and a special Hospital Week tabloid publication. During the same week, Nurse Appreciation Month will be observed by Nursing Services, whose display will be mounted adjacent to that of Hospitals and Clinics in the Medical Sciences lobby, and a small paper will be printed to describe activities of the week.

The Hospitals and Clinics theme for the week is "You've Got a Friend in the Hospital." This theme will be developed in the tabloid, which will feature people and departments performing "behind-the-scenes" tasks. Photos from the feature will be used for the exhibits. In addition, tours of the "hidden" hospital departments — among them Medical Records and Nutrition and Dietetics — will be conducted. All employees will receive the tabloid. Check it for tour schedules. Contact Patricia Wizeman, ext. 1401, for more information on Hospital Week.

Nursing Services will focus on acknowledging contributions of the entire nursing staff. Refreshments will be delivered to both day and night nurses, and flowers will be placed on each nursing unit. Ideas have been solicited for a button contest, in the hope of finding a suitable phrase that captures the spirit of nursing at UCSF. Winner of the contest will receive a membership to Millberry Union or a dinner for two at a San Francisco restaurant.

For more information on Nurse Appreciation Month, contact Linda Purves, ext. 2252.

UCSF Nutritionists at Health Fair

Approximately 500 people attended the recent Model Health Fair for San Francisco city and county employees held at City Hall. Among the providers were clinical nutritionists from UCSF, who found that the crowd was quite interested in the services they offered.

The nutritionists were Linda Lagger, surgery; Mary Korn, Kidney Transplant Unit; Karen Knopf, pediatrics; Genny McKeon, cardiology; Cathie Belford Budd, medicine; and Susan Yarbrough, Clinical Research Center. They calculated ideal body weights, using standard measurements based on age, weight, height and sex. These were applied to individuals' energy requirements, which were adjusted according to lifestyle. A construction worker, for example, has different energy requirements from a person with a more sedentary lifestyle. The percent of body fat was measured, based on age and sex, and nutrition information was given to people.

"A lot of people had specific questions," said Cathie Budd. "They wanted to know about nutrition in relation to blood pressure, iron deficiency, weight loss and general nutrition."

Budd said she and her colleagues urged the planners of the health fair to have people contact their local nutritionists for consultation. She said A Central Place in Oakland (834-7897) maintains an answering service, where messages can be left for members of the Consulting Nutritionists Network.

TRANSPORTATION

Vanpool Available

A new "4/40" vanpool is available from Transportation Services. Designed for people who work 40 hours in four days, the vanpool originates in Sonoma and runs on a five-day-a-week schedule, starting at 6:30 am and leaving UCSF at 5:30 pm. It makes stops at Schellville, Black Point, Novato, Terra Linda and Corte Madera.

For more information, call ext. 1511.

Commute Needs

Transportation Services can help you with all of your commute needs. MUNI's citywide interim maps, frequency guides and timetables can be picked up at Transportation Services office, A-C14.

MUNI Fast Passes, which rose in price on April 1 to $24.00, are sold at the Moffitt Cashier's Office, Monday-Friday, 7 am-7 pm, and 9 am-1 pm on weekends.

Senior and handicapped discount passenger passes cost $2.50 a month. They are sold at the Ambulatory Care Center Cashier's Office Monday-Friday, 8 am-5:30 pm.

Transportation Services encourages use of MUNI. This year MUNI introduced 25 routes for better crosstown service and faster connections to downtown. Most passenger trips require only one transfer because of the recent changes.

Guide On Sale

The San Francisco Bay Area Regional Transit Guide, which includes more than 800 destinations to which people frequently travel, is on sale at the Transportation Services office, A-C14, for $1.00.

Compiled by the Metropolitan Transportation Commission, the guide includes route maps, transfer diagrams and detailed service information for AC Transit, BART, Golden Gate Transit, SamTrans, San Francisco MUNI, Santa Clara County Transit and Southern Pacific.

The guide also contains information on more than 90 additional transit providers in Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma counties, including airport transportation and services for the elderly and handicapped.

Rate Changed

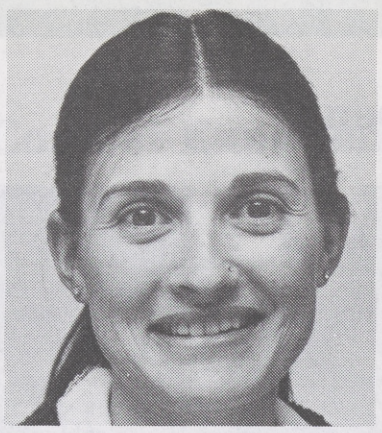
The Kirkham Street parking lot was changed to an hourly rate schedule on March 29, to relieve overcrowding in the Parnassus garage. The daily parking fee is $1.50 for those who arrive before 7 am. Daily parking extends until 7 pm. From 7 am until 5 pm, the hourly rate is fifty cents; $1.00 for one to two hours; $1.50 for two to three hours; $2.00 for five to six hours; $2.75 for six to seven hours; $3.50 for seven to eight hours. It costs fifty cents to park in the lot before 5 am, and on weekends and holidays.

For more information contact William Stevens, ext. 2566.

MOVING

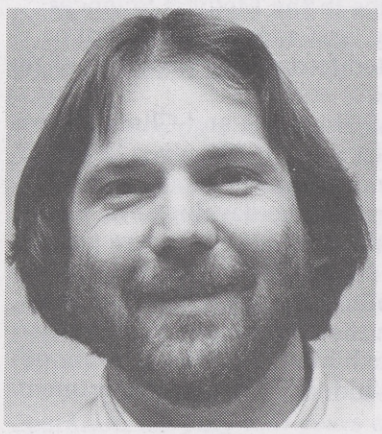
Dyke

Maxwell

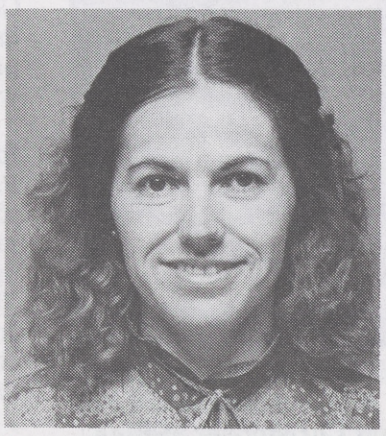


Puesch

Chase



Love



Benson

Arnold

Several clinical nurse specialists have received promotions to CN III. They are **Rosemary Dyke,** 11 East; **Linda Maxwell,** and **Adrian Puesch,** Pediatric Intensive Care Unit; **Cynthia Chase** and **Judy Balentyne,** 6 North-South.

Rick Love is the new secretary to the chairperson of the Mental Health and Community Nursing Department of the School of Nursing. Love transferred from Lawrence Berkeley Laboratory, where he was a secretary-clerk for the Energy and Environment Division. He is also a former secondary school English teacher.

Elaine Benson is the new graduate program assistant in the Department of Social and Behavioral Sciences, School of Nursing. She transferred to UCSF from UC-Santa Barbara, where she worked in the Environmental Studies Department.

Linda Arnold has been appointed psychiatric liaison clinical nurse specialist by Nursing Service. She received her master's degree in psychology at UCSF and has worked as a nursing administrator in the East Bay. She will provide consultation services to eight units in Moffitt Hospital, among them the maternal and child units.

Any promotions, job changes or retirements in your department? Submit them to the *UCSF Journal*, News Services, 532 Parnassus.

BULLETIN BOARD

Chauncey Leake Jr. has established the **Chauncey D. Leake Campus Beautification Fund** in memory of his father, the renowned pharmacologist, who died in 1978. Shrubs and trees will be planted with money from the fund on Chauncey Leake Day, an annual celebration begun last year. To make contributions to the fund contact the Development Office at ext. 5685.

All UCSF faculty, staff, employees and students are reminded to return all dishes and trays to the cafeteria and to use disposable ware for take-out orders. During a five-month period in 1981, thousands of dishes, trays and pieces of flatware were reported missing from Moffitt cafeteria and patient areas. It cost more than $15,000 to replace these supplies. Everyone's cooperation is urged.

The UCSF Library has acquired a new **on-line computer system for finding books.** Called MELVYL, after Melville Dewey, father of the Dewey Decimal Classification System, the new system indicates whether a book is available from the UCSF Library or any other library in the UC system. The system can determine the location of more than 1.3 million books. Four terminals are on hand, along with instruction booklets to help simplify the search process.

UCSF Word Processing Manual: A Guide to Evaluating Alternatives is a free document available to all campus managers. Produced by the Word Processing Advisory Group, the guide enables users to evaluate various word processing systems. For more information call Ann Gallego, Purchasing Department, ext. 5761.

The Habit Abatement Clinic at Langley Porter is testing **"Nicorette," a nicotine substitute chewing gum.** Smokers between the ages of 21 and 55, who are free of any heart or lung disease or stomach ulcers, are eligible to participate in the study. A $75 refundable deposit is required before treatment. Return of the deposit is not contingent upon whether or not one stops smoking. For more information call ext. 77-453.

The Children's Unit at Langley Porter needs toys, games, puzzles, yarn and fabric scraps for children 3 to 12 years of age. Contact Danita Sorenson, ext. 77-246, or Tim Cox, ext. 77-240. All LPPI units need men's, women's and children's clothing, including shoes, coats, underclothes and shirts. Contact Dale Houston, ext. 77-427, or drop off clothes in LPPI, Room 309.

Volunteers are needed for the Health Education Speakers Bureau of the Bay Area March of Dimes Birth Defects Foundation. Presentations are made in the public schools. People who have expertise in genetics, environmental effects on health and ways parents can help to insure the health of their children are especially needed. For more information, call Dave Bracker, ext. 3206.

Olympics Winners

Winners of the second annual UCSF Olympics, held in January were: School of Dentistry, first place; University Staff Team, second place; School of Pharmacy, third place; and the Graduate Division, fourth place. Their names are engraved on the plaque that is showcased at Millberry Union.

According to Joe Biechele, intramural and club sports director, overall winners are selected by points garnered in the six events: running relay, coed volleyball, swimming relays, table tennis, coed basketball and coed inner-tube water polo. Individual event winners received Olympic-style medals.

New SEC Officers

New Staff Employee Council (SEC) officers for 1982 are: President Carol Copperud, Hospitals and Clinics; Vice President Leonard Berry, Cardiovascular Research Institute; Secretary Pati Kuziomko, Millberry Union; Treasurer Robert Stephens, Pharmacology; Membership Chairperson Janey de la Cruz, Accounting; Editor John O'Connor, San Francisco General Hospital; Council of UC Staff Assemblies Representative David Zylinski, Administrative Information Systems.

CAMPUS MAIL
University of California, San Francisco
San Francisco, California 94143